
Research Article

Gender Analysis of the Strategy against AIDS in the Active Military in Saint-Louis (Senegal)

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Abstract: Since 2005, Senegal has a national strategy document for equality and gender equity with two objectives of establishment of an institutional, legal and socio-cultural economic environment conducive to the achievement of gender equality in Senegal and effective integration of gender in development interventions in all sectors. In order to participate in the achievement of these objectives and to fight against the feminization of HIV / AIDS in Senegal, it seemed relevant to do the gender analysis of the planning and conduct of the project of fight against AIDS among the active military in St. Louis. Three investigative techniques were used to collect data: a) The review of project documentation that was used to analyze the gender approach in the design of the project, b) Individual interviews with key people responsible for the design and implementation and focus groups separately with beneficiaries both men and women who have permitted to assess the knowledge and perceptions of the gender project, c) To see the role of men and women in the implementation of the project. The results have shown that the willingness to involve women in the various activities of the program is obvious. Planning does not highlight the priorities of women and men, despite the context of the feminization of the HIV epidemic. Individual and group interviews conducted in St. Louis revealed a "top down" approach to programming. Knowledge of the gender was usually partial or erroneous because of a lack of training in the issue. In fact, everybody said they had never had any specific training on gender mainstreaming in development projects. In general, men, women, boys and girls participated in various sensitization projects. They also had access to the resources of the project and its benefits. Taking into account gender will help improve health and equal and sustainable development in the military and their families.

Keywords: Gender, HIV / AIDS, military, St. Louis, Senegal

INTRODUCTION

The concept of gender is a recent concept in the social sciences and medicine. It was used for the first time in 1968 by the American psychiatrist and psychoanalyst Robert Stoller in his book *Sex and Gender: On the Development of Masculinity and Femininity* and again in 1972 by an American feminist Ann Oakley in his book *Sex, Gender and Society* [1]. Thus, sex is used to refer to physical differences that distinguish the (economic, psychological, mental, social, demographic, political) men and women, and gender referring to non-anatomical differences.

"Gender" is the identity constructed by the social environment of individuals, that is to say, 'masculinity' and 'femininity', as can be seen not as 'natural' data, but as the result of extremely strong construction mechanisms and social reproduction through education. It features behaviors, practices, roles of individuals according to their gender at a time and in a given culture [2].

Yet the principle of equality between men and women was recognized in the Charter of the United Nations (UN) in 1945 [3] and the Declaration of Human Rights of 1948. [4]

The Gender and Development (GAD), which emerged in the late 1980s approach, the result of numerous criticisms of women researchers in the North and South, unhappy with previous approaches. These approaches have ignored the contribution of women to the production of goods and services in their community. Women were still confined to their traditional family roles (childcare, embroidery, etc.).

It is now recognized that sustainable development and in particular the reduction of poverty, cannot be achieved without eliminating inequalities between women and men. Thus, the GAD approach combines itself with the concept of sustainable and equitable development. While integrating women in

development, it aims to exploit the potential of development initiatives, to transform social and gender relations in order to reduce gender inequalities and empower women.

Since 2005, Senegal has a national strategy document for equality and gender equity with two objectives:

- The establishment of an institutional, legal and socio-cultural economic environment conducive to the achievement of gender equality in Senegal.
- Effective integration of gender in development interventions in all sectors [5].

In order to participate in the achievement of these objectives and to fight against the feminization of HIV / AIDS in Senegal [6], it seemed relevant to analyze the concept and conduct of the project control against AIDS in the active military in St. Louis. This will be specific to:

- Describe the strengths and weaknesses of the project against AIDS in the military in St. Louis with regards to gender approach.
- Identify the knowledge and perceptions of gender among those who are responsible for the implementation of the project.
- Describe the roles of women and men in the project.

MATERIALS AND METHODS

Framework of study

This study was conducted in the city of St. Louis in the Military Zone II whose boundaries are similar to those of the region. It has an area of 19.034 sqkm or 10% of the national territory. It is bordered to the north by the Islamic Republic of Mauritania, to the east by the Matam region, to the south by Louga and west by the Atlantic Ocean. The population is estimated at 798,087 inhabitants [7], with an annual growth rate of 3.2%. Its population density is 42 inhabitants / km², with an uneven distribution of up to 286 inhabitants / km² in the department of St. Louis. It is mostly young: 58% of the population is under 20 years and 35% between 20 and 59 years, the ratio F / H is 1.18. The average urbanization rate was 35% [8].

Several military units are located in the city of St. Louis. These are:

- Command of 2nd military zone
- 12th Training Battalion
- 22nd Reconnaissance and Support Battalion
- 2nd Infantry Battalion
- Military College in St. Louis
- 2nd Engineer Company

Institutional framework of the Fight against AIDS program in the Armed Forces

A decision of the Ministry of the Armed Forces (MFA) had established in June 2003, a committee of management and coordination chaired by the Minister himself and coordinated by the Director of Army Health service. At the executive level, a focal point has been appointed to carry out the activities; it is assisted by a manager, an accountant and a secretary.

A focal point and a manager are appointed in each region. In regions that correspond to a zone, the Zone Commander being the president of the cell and the doctor the focal point. In areas where there are only gendarmes, it is either the company commander or the commander of the gendarmerie in the region who performs this responsibility. The cell is structured as follows:

- Military Zone Commander, Regional President cell;
- Gendarmerie Legion Commander
- Medical Officer, Focal Point Coordinator
- Social Worker, Assistant focal point
- Battalion Commanders
- Company Commander of the Gendarmerie
- Relays trained

The program is funded by the traditional partners of the National Council against AIDS (CNLS): the Global Fund and the World Bank. However, for the specific case of the Armed Forces and the Police, the U.S. Department of Defense is the main partner, funding more than 80% of the activities. As such, a staff of the US Embassy is responsible of the program through the Department of Defense HIV / AIDS Prevention Program (DHAPP). At the national level, the program provides:

- The management and coordination of activities
- The training of trainers
- The monitoring and evaluation
- The research and provision of resources

Activities of fight against AIDS in the Armed forces in St. Louis:

At the decentralized level, operational activities and management of data reporting take place. Strategic components are:

- Advocacy at the high Command level, (Army and Gendarmerie) and at military zone and gendarmerie legion command levels
- Prevention of sexual transmission
- Prevention of occupational blood exposure
- The prevention of mother to child transmission (PMTCT)
- Voluntary counseling and testing
- Monitoring of planned activities at the national level

Syndromic notifications, which can be related to sexually transmitted infections (STIs) in the first half of 2012 show:

- 77 cases of genital discharge in 76 men and 1 woman
- 2 cases of genital ulceration in two women
- 221 cases of abdominal pain in 221 women [9]

In total, syndromic notifications concerned three times more women than men (224 women vs 76 men). The activities below are the results of the project to fight against HIV / AIDS in the region of St. Louis during the first half of 2012 [9]:

Screenings

2459 HIV screening tests were performed and the results obtained, concerning 2310 men (94%) and 149 women (6%). The results showed positive 8, 7 men who are in the age group (15-25 years) and one woman in the age group (25-49 years) [10].

The tests carried out in the context of PMTCT concerned 68 cases and no HIV has been found.

Distribution of condoms

A total of 1787 male condoms and three female condoms were distributed.

Activities Information, Education and Communication (IEC)

IEC activities are carried out talks: 157 talks were conducted with 3822 people sensitized, including 3,375 men and 447 women.

Support for people living with HIV (PLHIV)

There was no medical care for PLWHA in military treatment facilities in St. Louis. [10]

Existence association fighting against HIV / AIDS

The wives of active military in St. Louis are organized in four groups: the widows of soldiers, gendarmes widows, wives of soldiers of the 2nd Battalion and the wives of soldiers of the 12th infantry Battalion.

Method

Type of study

It is a qualitative study based on a methodological triangulation of information. It is about undertaking an analysis of gender mainstreaming in the planning and conduct of the project against AIDS in the military in St. Louis.

Population targeted

They are members of the active military practicing in the city of St. Louis and their families.

Data Collection

Collection techniques

Data collection took place through three investigative techniques:

Documentary Review: It is based on:

- Bibliographic Research
- Internet research
- The study of the project information system (administrative memos, reports and working papers). This literature review considers:
 - The context of preparation of the program (disaggregated data, gender analysis, gender discrimination)
- Programmatic approach (based on the human rights approach, gender mainstreaming, community participation in the stages of the project cycle)
- The expected results, activities and monitoring.

Individual interviews and focus group

A participatory approach was used to encourage the expression of women and men involved in the project to fight against AIDS in the military in St. Louis. These interviews were conducted in the period from 4 to 9 September 2012 in Dakar for the National Focal Point and St. Louis for the others involved.

Collection tools

From "the checklist to involve the gender in the design and implementation of a project" [11], adapted to our context, three interview guides were developed:

- the personal interview with the NFP sector program of fight against AIDS guide, the zonal focal point and the project manager
- the guide for individual interviews with peer educators
- the interview guide for the focus group for the project beneficiaries

Although designed to be adapted according to interlocutors, the first guide is organized around several themes:

- Perceptions of gender issues in the project
- Knowledge and skills in this area
- Gender mainstreaming in the design and implementation of the project
- Ability of the information system to detect and evaluate separately the effects on women and men
- Recommendations

The last two guides to be used with community partners (peer educators and beneficiaries), are focused on:

- Perception of project activities
- The benefits that men and women draw from it

- The perception of differences between women and men in the access and control of resources, decision-making
- Reducing disparities.

Data analysis

Perceptions, knowledge, views collected and the results of the study of project documents were categorized and organized around the following main areas:

- Design project to fight against gender approach
- Knowledge and perceptions of gender among those who are responsible for the implementation of the project
- The roles of women and men in the project.

Then, the other documents used are:

- Manual of Gender integration in the Programs of Reproductive Health and Fight against HIV [12], in order to analyze the gender aspect of the planning of the project
- The Harvard analytical framework developed in the 80s by the Institute of International Relations at Harvard University to facilitate the integration of a gender perspective in the analysis of projects. [12] It can be used at various stages of planning to analyze information disaggregated by cultural, ethnic and economic groups, including gender and age. It consists of a set of tools for collecting and analyzing information to better understand the roles of women and men in a community and thus consider these roles in the planning of development projects. This framework has been adapted to our concept in the components' activity profile and access to resources and benefits of the project profile and control "[13] for the analysis of the roles of women and men in the implementation of the project.

RESULT

Project design and gender approach

The analysis of the documents concerning the content sector strategic plan 2011-2015 and data for monitoring and evaluation of the project assessed the following:

The participation of women

One of the guiding principles of the strategic plan is "the inclusion of female staff in the implementation of program activities" and among the priorities is "the involvement of the wives of the Chief of General Staff of the Armed Forces and the High Commander of the Gendarmerie advocacy and scaling up to PMTCT ". [14]

The desire to involve women in the various activities

of the program is obvious and the involvement of the wives of the highest military authorities will have a beneficial effect in the Command involvement in general.

Prioritizing the needs of women and men during the planning

Planning does not highlight the priorities of women and men, despite the context of the feminization of the HIV epidemic. In fact there is no clear strategy to stop this trend. With the exception of PMTCT and the training of military and police women on sexual violence against women, the targets of various program activities are also differentiated; the target "man" does not appear anywhere in document.

Individual and group interviews conducted in St. Louis revealed a "top down" approach to programming:

- The military and their families were not consulted in the identification of problems and prioritizing needs
- Personal project, either, have not been consulted in the identification of needs, or involved in the planning and they do not even know the objectives of the project and their role is reduced to facilitate the implementation of activities already selected and budgeted by the central level.

The promotion of the female condom

In the specific objectives of the program, the availability of the female condom was described and needs identified, however, the promotion of the female condom is not properly highlighted.

The gender indicators used

In total two types of gender-sensitive indicators were used:

- Indicators disaggregated by sex (disaggregated by sex in tools for monitoring and evaluation data) and to measure gender disparities
- Specific indicators to measure the reduction of gender inequalities, for example: the number of female recruits trained, number of wives of soldiers or gendarmes trained, enhancing the participation of women.

Knowledge and perceptions of gender in project staff

The study of knowledge and perceptions on gender is primarily based on individual interviews with them. Some project staff showed a vague knowledge or diffuse type. One of the key personnel spontaneously found that gender was integrated into the program, because "responsible for PMTCT of care (PEC) of PLWHA, the PEC children and Regional Focal Point St. Louis (two years) were women ", thus confusing the type to " gender balance ".

Confusion also appeared between gender and the development of women, especially when the project is seen as a way that makes "the wives of soldiers and gendarmes noticeable."

Knowledge on gender was therefore generally partial or incorrect, due to a lack of training on gender. In fact, all staff said they had never had any specific training on gender in development projects. Thus, it appeared

useful to always make short clarification on gender approach to deepen some discussions.

Roles of women and men in the implementation of the project

Activity profile

It shows "who does what" breaking down the information by gender. In our context, the activities selected are talks, lectures and mass animations on HIV / AIDS as shown in Table 1.

Table 1: The involvement of the military and their families in activities project

Sensitization activities on HIV/AIDS		Project of fight against AIDS within the military in Saint-Louis				
		Military Man	Military Woman	Spouse Military	Son of military under 15	Daughter of military over 15
Talks	Participants	X	X	X		
	Peer Educators	X	X	X		
Conferences	Participants	X	X	X		
	lecturer	X	X			
Mass Animation	Participants	X	X	X	X	X
	Moderator	X	X	X		

The military participate in all activities of awareness of HIV / AIDS project and may also be responsible, as well as female soldiers.

In principle, military families are also targets of the proposed fight against AIDS in the military. However, according to observations collected in the focus group, military wives do not animate conferences awareness on HIV / AIDS and children of soldiers participate only in mass entertainments.

Profile of access to resources and benefits of the project and their control

This tool is often used after the activity profile as it usefully complete the information gathered. The emphasis is now put on the issue of access to resources and their control.

In our context, resources and benefits earned are condoms, audiovisual teaching materials, training and management training as shown in Table 2.

Table 2: Access to resources and benefits of the project and their control

Resources and benefits of the project		Project on the fight against AIDS in the military in St. Louis									
		Access					Control				
		M ili ta ry M an	Milita ry Femal e	Spouse Milita ry	Son of militar y over15	Daughte r of military over 15	Milita ry Male	Milita ry Femal e	Spouse Milita ry	Son of militar y over 15	Daught er of militar y over 15
Reso urces	Condoms	X									
	Audio visual teaching aids	X	X	X	X	X					
Benef ices	Training on HIV / AIDS	X	X	X							
	Medical and psychosocial care of HIV / AIDS	X	X	X	X	X					

According to data collected in the focus group:

- Only military men have access to male condoms, while female soldiers and military wives do not have access to female condoms. For military children, awareness, being more

focused on abstinence, as they also lack access to condoms.

- Educational materials used against HIV / AIDS are available to all targets.

- Training on HIV / AIDS is available on male soldiers and military wives in order to train peer educators and to build their capacity. Military children are not trained in HIV / AIDS, because there is no peer educator child.
- The management of HIV / AIDS is available to all targets.
- The beneficiaries have no control over the resources and benefits of the project

DISCUSSION

Project design and gender approach

Participation of women

It stems from the development of the sector program of the Armed Forces. Recognizing the vulnerability of women to HIV / AIDS, the sector program is firmly committed to improve the participation of female military personnel and wives of soldiers and gendarmes in its activities. This commitment is demonstrated at two levels:

- At the strategic level by enlisting the wives of two senior officials of the Armed Forces and the Gendarmerie for Command advocacy, whose ownership and commitment in the fight against AIDS are keys to success
- At the operational level by increasing the training of peer educators and female military wives or gendarmes.

Prioritizing the needs of women and men during the planning

Thus, beneficiaries and project staff are not involved in the project design. This is contrary to the first director of a program that incorporates the gender principle: "The Reproductive Health Program (SR) and HIV / AIDS do well to recognize the value and benefits of partnerships with local communities. They recognize that the capacity and expertise in the design, implementation and evaluation of strong programs in this area are at the local level. As such, they seek to establish mutually beneficial relationships with all elements of the community who are directly affected by improved results in RH and HIV / AIDS for women, men and youth. Early partnership at all stages of the program cycle increases the sense of control at the local level, which has a positive effect on the sustainability of programs "[12]. The "bottom up" programmatic approach could solve this weakness in the design of the program.

Promotion of the female condom

The availability of female condoms has been referred to for a specific purpose, however, possible strategies to increase its use are not well identified. The unavailability of female condoms means that only men have a tool of protection against HIV / AIDS, which could give men the power of exclusive decision of the protection. This is alarming and increases vulnerabilities of women to HIV / AIDS, already

identified in the situational diagnosis 2011-2015 strategic plan. In the context of feminization of AIDS in Senegal, it is urgent to make a real promotion of the use of female condoms, beyond the prevention of AIDS, will improve the decision-making power of women, guaranteeing equitable and sustainable development.

The gender-sensitive indicators used

However, such analysis is not based only on statistics, it is also based on qualitative data from community diagnoses, studies and assessments. These qualitative data, the second pillar of gender analysis, do not appear in the strategic plan.

Knowledge and perceptions of gender in project staff

Ignorance of gender is obvious among the staff responsible for the implementation of the project implementation. The worrying question is: how could a staff who does not know about gender be fit to implement the project? In their defense, this is a consequence of the lack of gender approach in the program design. On the one hand, there is no performance indicators or specific gender impact, on the other hand there is not in the capacity building sessions gender training is for them. If they have current knowledge of the genre, the project staff rather has perceptions that have more links with the social and cultural environment in which they live. In fact, "The gender issue is not a neutral question and calls each one before being subject to integration or lack of integration in the work of development and realization of the rights of men and women in the equality "[15].

Roles of women and men in the implementation of the project

In general, men, women, boys and girls participate in different sensitization activities of the project. They also have access to resources of the project and its benefits; however, they do not control them. This could be explained by the fact that the project is not community based and resources come mainly from the state and partners such as the US Department of Defense (main sponsor), the World Bank and the Global Fund. Moreover, the lack of a clear program in the budget of the Ministry of the Armed Forces does not contribute to empower communities with the aim of sustaining activities.

According to data collected in the focus group, the teenage children of military men and women do not participate in talks contrary to military and military spouses. In the interviews, some difficulties appeared in the capacity of adult peer educators to communicate with children. Peer educators declared however, to be more comfortable to educate children of the same sex, that is to say, the male peer educator for a group of male teenagers and female peer educator for female teenagers. This preference for the peer educator to have

the same sex as the group also appeared to raise awareness among adults, one peer educator said: "We are not peers when sex is different." The limits of peer educators are related to their education and culture; they said that they often have "sociocultural barriers that prevent them from speaking freely about sex with the opposite sex."

Another difficulty lies in the fact that military wives do not animate conference to raise awareness about HIV / AIDS, a peer educator female expressed his frustration by saying, "often the speakers who are sent do not know better than us because we know more about the socio-economic and cultural context of our peers so we can better assess their vulnerability and give appropriate advice."

CONCLUSION

HIV / AIDS is a public health problem in Senegal which has become feminine. To fight against this plague, the Government of Senegal has established the National Multisectoral Programme for the Fight against AIDS, one of the components is the Sector Programme for the Fight against AIDS in the Armed Forces. This kind of sectoral project to fight against AIDS in the military in St. Louis analysis was conducted in order to make the project more efficient.

Overall, activities, resources and benefits of the project are accessible to all members and their families, without discrimination based on sex. However, improvements can be made to better integrate gender into the project and beyond, in the sector program. Among them we can mention:

- Emphasize "bottom-up" programmatic approach versus a "top-down" one
- Add in the strategic plan an objective to improve the use of female condoms
- Enhance the knowledge and skills on the gender of those who are responsible for the implementation of the project

Taking into account this analysis will be the first step to gender integration in the fight against AIDS in the sector of the Armed Forces, for better health and sustainable and equitable development in the military and their families.

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